

**PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT**

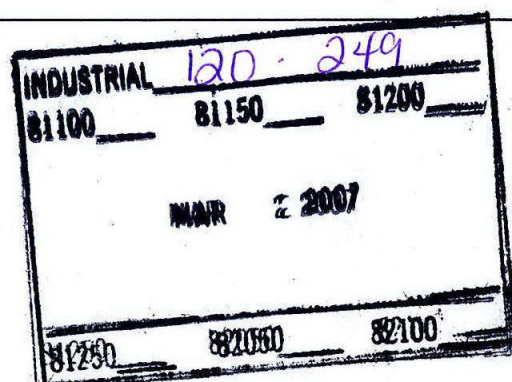
*Pending  
4/3/07*

**SECTION A**

1. Company Name: DUKE'S AUTO
2. Permit Number if applicable: 17406990
3. Location: 99 DELL GLEN AV  
LODI NJ Zip Code: 07644
4. Mailing Address: SAME  
Zip Code: \_\_\_\_\_
5. Person to contact concerning information provided in this application:  
Name of Contact Official: GEORGE MESSINA  
Title: PROPERTY OWNER Phone No.: 973-478-6522  
Address: - SAME - Zip code: \_\_\_\_\_
6. Number of Employees – Full Time: 2 Part Time: \_\_\_\_\_  
Number of Work Days Per Year: 260  
Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s): BLOCK 69, LOT 1.10  
Assessed Value: \$ 500,000
8. If property is rented indicate name and address of owner: \_\_\_\_\_  
\_\_\_\_\_

Total square feet rented: \_\_\_\_\_

9. List NJPDES Permit Number if applicable, N/A and  
Name of receiving Body of Water entered \_\_\_\_\_



## SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased (Y) - N  
 Well Y - (N) If Y, is it metered Y - N  
 River Y - (N) If Y, is it metered Y - N

11. Name of purchased water supplier: PASSAIC VALLEY WATERList all Account #'s: 1521-4764812. Water Received: From Mo. 1 Yr. 06 Through Mo. 12 Yr. 06

(\* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 <sup>st</sup> Qtr.	1200 *			
2 <sup>nd</sup> Qtr.	2560 *			
3 <sup>rd</sup> Qtr.	3650 *			
4 <sup>th</sup> Qtr.	1600 *			

GRAND TOTAL 9010 \*

Report in gallons

13. Water Use and Disposition (\*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	6000 *		
Process waste water	3000 *		
Cooling water			
Evaporation			
Contained in the product			
Other (describe)			

GRAND TOTAL 9000 \*

004

1,200.+  
2,560.+  
3,650.+  
1,600.+  
9,010.\*

**SECTION B (continued)**

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	Y - N
To the Combined Sewer	<u>(Y)</u> - N
To the Storm Sewer	Y - N
River or Ditch	Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
SAFETY-KLEEN	601 RILEY RD		WASTE OIL
	E. CHICAGO IL		
	460312		

**SECTION C****OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous \_\_\_\_\_  
or intermittent AUG 1/2 HR each operating day.

If the discharge is intermittent, it occurs between the following hours: 9AM - 6 PM

17. Brief description of Manufacturing or other activity performed: DISASSEMBLY  
OF AUTOMOBILES + LIGHT TRUCKS FOR SCRAP +  
EXPORT

List SIC CODE #: 7538

18. Principal Raw Materials used: N/A

19. Principal Products or Services: SEE #17

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.  
 Include variations in product lines which affect waste characteristics: VARIATIONS  
DEPEND ON WEATHER + MARKET CONDITIONS - WINTER IS SLOW SEASON
- Does this facility shutdown for vacation(s)? NO If so, is it basically the same time each year. \_\_\_\_\_ Provide dates usually shutdown \_\_\_\_\_

### SECTION D

#### MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 1722002 OIL-WATER SEPARATOR

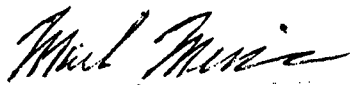
Outlet \_\_\_\_\_

Outlet \_\_\_\_\_

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
1722002	YES	⊕	YES

⊕ SAMPLER PROVIDED BY Q.C. LABS FOR EACH REPORT



SECTION D (continued)

## 23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
1720002	20	NO		

24. Frequency of calibration of each flow meter: N/A

## 25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.



**SECTION E****ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 17220002

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l		Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l	
Parameter	Value	Parameter	Value
*Radioactivity (PL-1)	N/A	*Antimony (Sb)	N/A
Total Solids	5.30	*Arsenic (As)	N/A
*Volatile Solids		*Boron (B)	N/A
Total Suspended Solids	5.30	Cadmium (Cd)	ND
*Volatile Suspended Solids		*Chromium Total (Cr)	N/A
(1)(3) SGT-HEM (EPA Method 1664 Rev. A)	1.80	Copper (Cu)	.0273
Biochemical Oxygen Demand (BOD)	7.90	*Iron (Fe)	N/A
Chemical Oxygen Demand (COD)		Lead (Pb)	ND
*Total Organic Carbon (TOC)		*Cyanide (Cn)(3)	
pH(standard unit range)		Mercury (Report to 0.XXX)	ND
(1) Ammonia as N		Nickel (Ni)	ND
(1)(3) Total Oil & Grease		*Selenium (Se)	N/A
* (1) Sulfide	N/A	*Silver (Ag)	N/A
* (1) Ortho Phosphates as P	N/A	*Tin (Sn)	N/A
* (1) Kjeldahl N as N	N/A	Zinc (Zn)	.0220
* (2)(3) TTO (Report to 0.XXX)	N/A	*Phenol	
		*Pesticides (Report to 0.XXX)	N/A
		*TTVO (Report to 0.XXX)(3)	N/A

## FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.  
(\* Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87  
8/89  
7/90  
9/94  
8/95  
11/95  
07/98  
09/05

ALL RESULTS IN MG/L





# Analytical Results



MARK MESSINA  
DUKE'S AUTO  
99 DEL GLEN AVENUE  
LODI, NJ 07644

Regarding:

MARK MESSINA  
DUKE'S AUTO  
99 DEL GLEN AVENUE  
LODI, NJ 07644

Account No: O00196, DUKE'S AUTO  
Project No: O00196, DUKE'S AUTO

P.O. No:  
PWSID No:

Inv. No: 815733

Sample Number	Sample Description	Samp. Date/Time/Temp	Sampled by
L2081857-1	DISCHARGE 24 HR COMPOSITE 9/21-22 Received Temp: 39°F Iced (Y/N): Y	09/22/06 09:15am NA°F	Valentino Rizzi, QC Laboratories

Parameter	Method	Result	RLs	Test Date, Time, Analyst
CADMIUM	EPA 600 Method 200.7	ND mg/l	0.00400 mg/l	10/03/06 10:01AM BAB
COPPER	EPA 600 Method 200.7	0.0273 mg/l	0.00300 mg/l	10/03/06 10:01AM BAB
NICKEL	EPA 600 Method 200.7	ND mg/l	0.0100 mg/l	10/03/06 10:01AM BAB
LEAD	EPA 600 Method 200.7	ND mg/l	0.00500 mg/l	10/03/06 10:01AM BAB
ZINC	EPA 600 Method 200.7	0.0220 mg/l	0.0100 mg/l	10/03/06 10:01AM BAB
MERCURY	EPA 600 Method 245.1	ND mg/l	0.000200 mg/l	09/26/06 02:45PM CC
BIOCHEMICAL OXYGEN DEMAND	SM 19th Ed. 5210B	7.90 mg/l	2.00 mg/l	09/23/06 10:00AM LS
TOTAL SUSPENDED SOLIDS	SM 19th Ed. 2540D	5.30 mg/l	2.00 mg/l	09/27/06 08:25AM ECE

Sample Number	Sample Description	Samp. Date/Time/Temp	Sampled by
L2081857-2	DISCHARGE GRAB Received Temp: 39°F Iced (Y/N): Y	09/22/06 09:15am NA°F	Valentino Rizzi, QC Laboratories

Parameter	Method	Result	RLs	Test Date, Time, Analyst
PETROLEUM HYDROCARBONS	EPA 600 Method 418.1	1.80 mg/l	0.500 mg/l	09/28/06 12:00PM MP

A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.  
Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLs=laboratory reporting limits; L/A=laboratory accident;  
TNTC=too numerous to count  
A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.  
All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.  
The test "pH lab" is analyzed upon receipt at the laboratory, the result will not be suitable for regulatory purposes.  
Actual times of analysis for parameters reported <24 hrs are available upon request. All testing is completed within the required holding time unless otherwise noted..  
QC certification ID's: Southampton (NELAP) PADEP 09-131, NJDEP PA166, FL E87954, Bioassay PA034. NON-NELAP labs: Wind Gap-NJ PA001, Alltest-NJ 02015, Vineland-NJ 06005; PA 68-580.  
All samples are collected as "grab" samples unless otherwise identified.  
MCL= is the EPA recommended "maximum contaminant level" for a parameter. PLS=customer specific permit limits.

Page 1 of 1

Serial Number: 746682

*Thomas J. Hines*  
Thomas J. Hines, President

1205 Industrial Blvd., P.O. Box 514, Southampton, PA 18966-0514 Phone: 215-355-3900 Fax: 215-355-7231

SECTION E (continued)Samples collected by: QC LABS1205 INDUSTRIAL BLVD SOUTHAMPTON, PA Date: 9/22/06Sample analyzed by: QC LABS Date: 9/22/06

Products being manufactured when sample was collected: \_\_\_\_\_

27. Who performs the analyses of the samples for User Charge? \_\_\_\_\_  
QC LABS28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N \_\_\_\_\_29. Who performs the analyses of the samples for the Pretreatment Parameters?  
SEE #26If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:  
\_\_\_\_\_30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?  
Y - N \_\_\_\_\_

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 &amp; 3 is present in your discharge.

**SECTION F****PRETREATMENT**

32. Industrial Category: N/A  
Subpart (s): \_\_\_\_\_
33. Compliance date(s): \_\_\_\_\_
34. Is facility in compliance? YES If not, and if compliance date has passed, explain actions being taken to get into compliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
35. Date Baseline Monitoring Report (BMR) submitted to PVSC: \_\_\_\_\_
36. Compliance schedule submitted: NONE  
If yes is facility on schedule? \_\_\_\_\_ Explain if compliance date will not be met: \_\_\_\_\_  
\_\_\_\_\_
37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?  
If yes, describe NO
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?  
If yes, describe N/A
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y N
40. Is this facility under an ISRA Clean up? NO If so, has a plan been approved by NJDEP: \_\_\_\_\_  
  
Is there any plan to discharge groundwater?  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION\*:**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official:

GEORGE MESSINA

Print Name

TITLE:

OWNER

DATE

10/25/06

SIGNATURE



\*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

**TABLE 1 EPA PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			X		2,4 dimethylphenol			X	
acrolein					2,4 dinitrotoluene				
acrylonitrile					2,6 dinitrotoluene				
benzene					1,2 diphenylhydrazine				
benzidine					ethylbenzene				
carbon tetrachloride (tetrachloromethane)					fluoranthene				
chlorobenzene					4-chlorophenyl phenyl ether				
1,2,4-trichlorobenzene					4-bromophenyl phenyl ether				
hexachlorobenzene					bis(2-chloroisopropyl) ether				
1,2 dichloroethane					bis(2-chloroethoxy) methane				
1,1,1 trichloroethane					methylene				
hexachloroethane					chloride(dichloromethane)				
1,1,dichloroethane					methyl chloride				
1,1,2 trichloroethane					(chloromethane)				
1,1,2,2 tetrachloroethane					methyl bromide				
chlorethane					(bromomethane)				
bis(chloromethyl) ether					bromoform(tribromomethane)				
Bis(2 chloroethyl) ether					dichlorobromomethane				
2-chloroethyl vinyl ether mixed					trichlorofluoromethane				
2-chloronaphthalene					dichlorodifluoromethane				
2,4,6, trichlorophenol					chlorodibromomethane				
parachlorometa cresol					hexachlorobutadiene				
Chloroform (trichloromethane)					hexachlorocyclopentadiene				
2 chlorophenol					isophorone				
1,2, dichlorobenzene					naphthalene				
1,3, dichlorobenzene					nitrobenzene				
1,4, dichlorobenzene					2-nitrophenol				
3,3. dichlorobenzidine					4-nitrophenol				
1,1,dichloroethylene					2,4-dinitrophenol				
1,2 trans-dichloroethylene					4,6 dinitro-o cresol				
2,4,dichlorophenol					N-nitrosodimethylamine				
1,2, dichloropropane					N-nitrosodiphenylamine				
1,3, dichloropropylene					N-nitrosodi-n-propylamine				
(1,3 dichlor propene)			X		pentachlorophenol				
					phenol			X	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 1 EPA PRIORITY POLLUTANTS (continued)****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			X		endrin			X	
butylbenzylphthalate					endrin aldehyde				
di-n-butylphthalate					heptachlor				
di-n-octylphthalate					heptachlor (epoxide)				
diethylphthalate					BHC Alpha				
dimethylphthalate					BHC Beta				
benzo(a)anthracene					BHC Gamma				
benzo(a)pyrene					BHC Delta				
3,4 benzofluoranthene					PCB1242				
benzo(k) fluoranthene					PCB1254				
chrysene					PCB1221				
acenaphthylene					PCB1232				
anthracene					PCB1248				
benzo(ghi)perylene					PCB1260				
fluorene					PCB1016				
phenanthrene					toxaphene				
dibenzo (a,h) anthracene					antimony(total)				
indeno (1,2,3-c,d) pyrene					arsenic (total)				
pyrene					asbestos (fibrous)				
tetrachloroethylene					beryllium (total)				
toluene					cadmium (total)				
trichloroethylene					chromium (total)			X	
vinyl chloride					copper (total)	X			
aldrin					cyanide (total)			X	
dieldrin					lead (total)				
chlordane					mercury (total)				
4,4 DDT					nickel (total)				
4,4, DDE					selenium (total)				
4,4, DDD					silver (total)				
endosulfan 1					thallium (total)			X	
endosulfan 11					zinc (total)	X			
endosulfan sulfate					2,3,7,8, tetrachlorodibenzo			X	
			X		p-dioxin			X	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT



**TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			X		n,n-dimethyl aniline			X	
amitrole					3,3-dimethyl benzidine				
amyl alcohols					1,1-dimethylhydrazine				
aniline hydrochloride					dioxane				
anisole					diphenylamine				
auramine					ethylenimine				
benzotrichloride					hydrazine				
benzylamine					4,4-methylene bis				
					(2-chloraniline)				
o-chloroaniline					4,4-methylenedianiline				
m-chloroaniline					methyl isobutyl ketone				
p-chloraniline					alpha-naphthylamine				
1-chloro-2-nitrobenzene					beta-naphthylamine				
1-chloro-4-nitrobenzene					n-methylaniline				
chloroprene					1,2- phenylenediamine				
chrysoidine					1,3- phenylenediamine				
cumene					1,4-phenylenediamine				
2,3-dichloroaniline					sudan 1 (solvent yellow 14)				
2,4-dichloroaniline					thiourea				
2,5-dichloroaniline					toluene sulfonic acids				
3,4-dichloroaniline					toluidines				
3,5-dichloroaniline					xylidines			X	
1,3-dichloropropene									
1,3-dimethoxybenzidine			Y						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 3 EPA HAZARDOUS SUBSTANCES****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			X		isopropanolamine			X	
allyl alcohol					kelthane				
allyl chloride					kepone				
amyl acetate					malathion				
aniline					mercaptodimethur				
benzonitrile					methoxychlor				
benzyl chloride					methyl mercaptan				
butyl acetate					methyl methacrylate				
butylamine					methly parathion				
captan					mevinphos				
carbaryl					mexacarbate				
carbofuran					monoethylamine				
carbon disulfide					monomethylamine				
chlorpyrifos					naled				
coumaphos					napthenic acid				
cresol					nitrotoluene				
crotonaldehyde					parathion				
cyclohexane					phenolsulfanate				
2,4-D (2,4-dichlorophenoxy)					phosgene				
acetic acid					propagrite				
diazinon					propylene oxide				
dicamba					pyrethrins				
dichlobenil					quinoline				
dichlone					resorcinol				
2,2-dichloropropionic acid					strontium				
dichlorvos					strychnine				
diethylamine					stryrene				
dimethylamine					2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				
dinitrobenzene					TDE (tetrachloro- diphenylethane)				
diquat					2,4,5-TP 2(2,4,5- trichlorophenoxy				
disulfoton					trichlorofon				
diuron					triethylamine				
epichlorohydrin			X		trimethylamine				
					propanoic acid			X	

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)****CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine			X		uranium			X	
ethion					vanadium				
ethylene diamine					vinyl acetate				
ethylene dibromide					xylene				
formaldehyde					xlenol				
furfural					zirconium			X	
guthion									
isoprene			X						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE**

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

**SECTION ONE**

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Name of Applicant

GEORGE MESSINA

**TRADE NAME:** Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Trade Name/Fictitious Name

DUKE'S AUTO

**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |                                     |                     |                          |                           |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> | Trust                     |
| <input type="checkbox"/>            | Partnership         | <input type="checkbox"/> | Joint Venture             |
| <input type="checkbox"/>            | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation    |
| <input type="checkbox"/>            | Corporation         | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/>            | Other (describe)    |                          |                           |

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: GEORGE MESSINA

Street Address: 62 DAY ST

City, State & Zip Code: CLIFTON NJ 07011

Business Telephone: 973-478-6522 Emergency Telephone: 973-772-0280

**PAST NAMES OF APPLICANT.** List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
<u>MA</u>		

**APPLICANT'S FORMER FACILITIES IN NEW JERSEY.** List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
<u>MA</u>			

**APPLICANT'S FACILITIES IN OTHER JURISDICTIONS.** List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
N/A			

## SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name:

Company Name:

Street Address:

City, State & Zip Code:

Telephone: \_\_\_\_\_  
(Area Code)

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country:

Date:

Certificate of Incorporation No.: \_\_\_\_\_

Copy of certificate of incorporation attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date:



**OFFICERS.** List the following information as to each Officer of the corporation. **Use additional copies of this section as necessary.**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Business address: \_\_\_\_\_

<u>Office</u> <u>held</u>	<u>Date took</u> <u>office</u>	<u>Date of</u> <u>birth</u>
_____	_____	_____

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(area code)

Business address: \_\_\_\_\_

<u>Office</u> <u>held</u>	<u>Date took</u> <u>office</u>	<u>Date of</u> <u>birth</u>
_____	_____	_____

**DIRECTORS.** List the following information as to each Director of the corporation. **Use additional copies of this section as necessary.**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(area code)

Business address: \_\_\_\_\_

<u>Office</u> <u>held</u>	<u>Date took</u> <u>office</u>	<u>Date of</u> <u>birth</u>
_____	_____	_____

**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. **Use additional copies of this section, as necessary.**

**Name and last known address:**

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

### SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. **Use additional copies of this section as necessary.**

**Name:**

Street Address:

City, State & Zip Code:

Bus.Phone

**Name:**

Street Address:

City, State & Zip Code:

Bus.Phone

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached?    ☐    Yes    ☐    No

**TYPE OF ASSOCIATION:** Check One

☐ General Partnership      ☐ Limited Partnership      ☐ Joint Venture

**GENERAL PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

**LIMITED PARTNERS.** List the following information as to each limited. Use additional copies of this section as necessary.

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

**FORMER PARTNERS/JOINT VENTURERS.** List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use **additional copies of this section as necessary.**

Name:

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: \_\_\_\_\_

Name:

Street Address:

City, State & Zip Code:

Telephone: \_\_\_\_\_ Telephone \_\_\_\_\_

Dates during which individual was a partner: \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

## SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached?      ☐    Yes      ☐    No

**OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC.** List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. **Use additional copies of this section as necessary.**

**Name:**

Street Address:

City, State & Zip Code:

Telephone:

**Name:**

Street Address:

City, State & Zip Code:

Telephone:

## SECTION SIX

### CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of  
entity cited: N/A

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of  
notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of  
entity cited: N/A

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_



**C. NEW JERSEY MUNICIPALITIES AND COUNTIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of  
entity cited: N/A

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

**D. OTHER STATES AND FOREIGN COUNTRIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of  
entity cited: N/A

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

**SECTION SEVEN****OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

**A. OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. **Use additional copies of this section as necessary.**

*N/A*

Title of case: \_\_\_\_\_

Docket No.: \_\_\_\_\_

Name & location  
of court: \_\_\_\_\_Date judgment  
entered: \_\_\_\_\_Nature of  
suit: \_\_\_\_\_Amt./terms of  
judgment: \_\_\_\_\_

**B. PENDING SUITS.** List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. **Use additional copies of this section as necessary.**

*N/A*

Title of case: \_\_\_\_\_

Docket No.: \_\_\_\_\_

Name & location  
of court: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Nature of  
suit: \_\_\_\_\_

Status: \_\_\_\_\_

**SECTION EIGHT****CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

**NOTE:** You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity  
charged/convicted: \_\_\_\_\_

N/A

Description of  
crime/offense charged: \_\_\_\_\_

Date  
Charged: \_\_\_\_\_

Jurisdiction  
Where Charged: \_\_\_\_\_

Indictment information,  
Complaint No., indictment No. etc., \_\_\_\_\_

Disposition (if applicable,  
sentence imposed): \_\_\_\_\_

**CERTIFICATION**

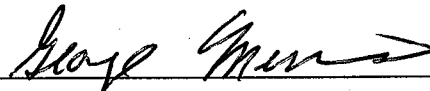
(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:

10/25/06

Signature



Print Title &amp; Position

OWNER

PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT

## SECTION A

1. Company Name: DUKE'S AUTO
2. Permit Number if applicable: 17406990
3. Location: 99 DELL GLEN AV  
LODI NJ Zip Code: 07644
4. Mailing Address: SAME  
Zip Code: \_\_\_\_\_
5. Person to contact concerning information provided in this application:  
Name of Contact Official: GEORGE MESSINA  
Title: PROPERTY OWNER Phone No.: 973-478-6521  
Address: - SAME - Zip code: \_\_\_\_\_
6. Number of Employees – Full Time: 2 Part Time: \_\_\_\_\_  
Number of Work Days Per Year: 260  
Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s): BLOCK 69, LOT 1.10  
Assessed Value: \$ 500,000
8. If property is rented indicate name and address of owner: \_\_\_\_\_

THIS DOCUMENT HAS A COLORED BACKGROUND AND MICROPRINTING. THE REVERSE SIDE INCLUDES AN ARTIFICIAL WATERMARK.

**DUKE'S AUTO**  
99 DELL GLEN AVE  
LODI NJ 07644  
973-478-6522

Bank of America  
4 Hunter St  
Lodi NJ 07644

9813

3-2-07

Pay To The Order Of Passaic Valley Sewerage Commission  
Seven hundred Eighty Dollars + 00/100

Memo Permit # 17220002

George Messina

750.00  
Dollars

9813 0212021621 10500396321



Passaic Valley  
Sewerage Commissioners

~Established 1902~

600 WILSON AVENUE  
NEWARK, NJ 07105  
(973) 344-1800  
Fax: (973) 344-2951  
www.pvsc.com

THOMAS J. POWELL  
Chairman

CARL S. CZAPLICKI, JR.  
Vice Chairman

FRANK J. CALANDRIELLO  
WILLIAM F. FLYNN  
ALAN C. LEVINE  
ANTHONY J. LUNA  
ANGELINA M. PASERCHIA  
KENNETH R. PENGITORE  
Commissioners

BRYAN J. CHRISTIANSEN  
Executive Director

JAMES KRONE  
Deputy Executive Director

JOSEPH FERRIERO  
Chief Counsel

ANTHONY W. ARDIS  
Clerk

# RECEIPT

Received From Dukes Auto

Customer ID# 1722 0002 Check # 9813

Amount of Payment \$750<sup>00</sup> Date of Payment 3/2/07

A/ Violation (VIO) – Effluent \_\_\_\_\_ \$ \_\_\_\_\_

B/ Violation (VIO) – Late Report \_\_\_\_\_ \$ \_\_\_\_\_

C/ Civil Actions (LEGAL) \_\_\_\_\_ \$ \_\_\_\_\_

D/ Application Fee (AF) Renewal \$ 750<sup>00</sup>

E/ Letter of Authorization Fee (LOA) \_\_\_\_\_ \$ \_\_\_\_\_

F/ Permit Fee (PF) Permit \$ 750<sup>00</sup>

G/ CID Treatment Fee (CID) \_\_\_\_\_ \$ \_\_\_\_\_

H/ Supplemental User Charge Fee (SUC) \_\_\_\_\_ \$ \_\_\_\_\_

I/ One Time Groundwater Discharge (GWD) \_\_\_\_\_ \$ \_\_\_\_\_

J/ Other (FEES) \_\_\_\_\_ \$ \_\_\_\_\_

Payment received by:

Signature Heather Carol

Amount \$50.00 Date 3/6/07



THIS DOCUMENT HAS A COLORED BACKGROUND AND MICROPRINTING. THE REVERSE SIDE INCLUDES AN ARTIFICIAL WATERMARK.

**DUKE'S AUTO**  
99 DELL GLEN AVE.  
LODI NJ 07644  
973-478-6522

Bank of America  
4 Hunter St.  
Lodi NJ 07644

9813

3-2-07

Pay To The Order Of *Passaic Valley Sewerage Commission*

*Seventy hundred Fifty Dollars + 00*

*750.00*

Dollars

Memo *Permit # 1720002*

*James Morrison*

1050039632

0212021621

9813